DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	<u>0 1 - 0 0 4</u> NV
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  April 1, 2001
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	DNSIDERED AS NEW PLAN (A) AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each amendment)
<ol> <li>FEDERAL STATUTE/REGULATION CITATION:         Section 404(h)(4) of the Social Security Act         Section 415 of the Assets fo Independence Act</li> <li>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</li> </ol>	7. FEDERAL BUDGET IMPACT: a. FFY 2001 \$minimal impact if any b. FFY 2002 \$minimal impact if any  9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement 12 to Attachment 2.6-A Addendum Supplement 8a to Attachment 2.6-A Addendum 2 Supplement 8b to Attachment 2.6-A Addendum	Supplement 12 to Attachment 2.6-A Addendum Supplement 8a to Attachment 2.6 A Addendum Supplement 8b to Attachment 8b
10. SUBJECT OF AMENDMENT:	
To disregard assets in IDAs	
11. GOVERNOR'S REVIEW (Check One):	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	区 OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME:	John Liveratti, Chief
Charlotte Crawford	Nevada Medicaid
14. TITLE:	2527 No Carson St Carson City, NV 89706
Director, DHR 15. DATE SUBMITTED:	Carson City, NV 09700
EAD DECIONAL OF	
FOR REGIONAL OF 17. PATE RECEIVED: April 1 10 , 2001	18. DATE ABBROYED:
PLAN APPROVED - C 19. EFFECTIVE DATE OF APPROVED MATERIAL:	NE COPY ATTACHED  20. SIGNATURE OF REGIØNAL OFFICIAL:
April 1, 2001	exum for
21. TYPED NAME: Linda Minamoto	22. TVLE: Associate Regional Administrator Division of Medicaid
23. REMARKS:	- และได้เกลา (ค.พ.ค.พ.ค.พ.ค.พ.ค.พ.ค.พ.ค.ค.ค.ค.ค.ค.ค.ค

## Supplement 8a to Attachment 2.6-A ADDENDUM 2

State Plan Under Title XIX of the Social Security Act

	State	Nevada	
LESS RES		OF TREATING IN (2) OF THE ACT	COME UNDER SECTION
_X	limitations on payme	nt explained in 19 osited in an IDA ac	902(r)(2) and not subject to the 903(f) of the Act: All otherwise ecount funded under the Assets for
<u>X</u>	limitations on payme	nt explained in 19	902(r)(2) and not subject to the 903(f) of the Act: All otherwise account authorized under Section
_X	limitations on paymen	t explained in 1903	902(r)(2) and not subject to the B(f) of the Act: All interest earned Assets for Independence Act is
TN No. <u>01-04</u> Supersedes TN No. N/A	Ap	oproval Date APR	1 2001 Effective Date <u>04/01/01</u>

## Supplement 8b to Attachment 2.6-A ADDENDUM

	Under Title XIX of the Social Security Act ate: Nevada	
LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT		
	subject to 1902(r) of the Act: all funds in IDA accounts funded ependence Act are excluded.	
TN No. <u>01-04</u> Supersedes TN No. <u>N/A</u>	Approval DateEffective Date _04/01/01	

Revision:

HCFA-PM-00-1

February 2000

## ADDENDUM TO SUPPLEMENT 12 TO ATTACHMENT 2.6-A

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: <u>NEVADA</u>
	ELIGIBILITY UNDER SECTION 1931 OF THE ACT
The State cover	rs low-income families and children under section 1931 of the Act.
	The agency uses less restrictive income and/or resources methodologies than those in effect as July 16, 1996 as follows:
	All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.
	All otherwise countable income deposited in an IDA account funded under the Assets for Independent Act is excluded from income.
	All interest earned on an IDA account funded under the Asset for Independence Act is excluded from income.
	All funds in IDA accounts funded under the Assets for Independence Act are excluded from resources.
	All otherwise countable income deposited in an IDA account funded under Section 404 of the Social Security Act is excluded from income.
	The income and/or resource methodologies that the less restrictive methodologies replace are as follows:
TN No. 01-04 Supersedes TN No. 00-01	APR 1 1 2001 Approval Date Effective Date _04/01/01